

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7952

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 5186		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Randall</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>G.M.N.E. Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Randall</u> 0160 d. STREET ADDRESS (If rural, give location) <u>9-M-N.E. Jackson</u>			
3. NAME OF DECEASED (Type or Print) <u>Theodosia</u> a. (First) <u>Theodosia</u> b. (Middle) <u>Young</u> c. (Last) <u>Young</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 30-1861</u>	
9. AGE (In years last birthday) <u>88</u>		10. MONTH <u>11</u>		11. DAY <u>14</u>		12. HOUR <u>11</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Mizell</u>				13b. MOTHER'S MAIDEN NAME <u>Charlotte Renfro</u>			
14. NAME OF HUSBAND OR WIFE <u>Benjamin Young Dece</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Littleton</u> ADDRESS <u>St. Louis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb 1945</u> to <u>Mar 12, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. J. Lumber</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Jackson Mo</u>			
23c. DATE SIGNED <u>Mar 14-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>March 16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McHain Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>G.M.N.E. Jackson Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heabaugh-Haird</u> ADDRESS <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-15-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Lumber</u>		44			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 354-398

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*E. O. Laid*

Signed.....

Student Embalmer

Licensed Embalmer No. 45-38

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.